



Application No. (if known): 10/045,611-Conf. #1017

Attorney Docket No.: 09634/000L263-US0

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Fee Transmittal (1 page)

Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)

Request for Continued Examination Transmittal (1 page)

Amendment Transmittal Letter (1 page)

Amendment Accompanying Request For Continued Examination

(13 pages) Check No/2890 in the amount of \$1,120.00

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Under the Paperwork Reduction Act of 1995, no person are	required to res		and Tradem	ark Office; U.S. DE		COMMERCE
Effective on 12/08/2004.		Complete if Known				
Pees pursuant to the Consolidated Appropriations Act, 2005 (H				10/045,611-Conf. #1017 October 25, 2001		
ह्य FEE TRANSMITTAL	. Ľ					
<sup>ŋ ₫</sup> } For FY 2006	_			Ryota Hata		
101112000		Examiner Name		X. M. Wu		
Applicant claims small entity status. See 37 CFR 1.2	<del> </del>	Art Unit		2629		
OTAL AMOUNT OF PAYMENT (\$) 1,120.	00 /	Attorney Docket	No.	09634/000L26	33-US0	
METHOD OF PAYMENT (check all that apply)						
X Check Credit Card Money Order	None	Other (	please ideni	tify):		
Deposit Account Deposit Account Number: 04-0100	Deposit Accou	nt Name:		Darby & Darby	P.C.	
For the above-identified deposit account, the I	Director is h	ereby authorize	d to: (ched	ck all that apply)		
Charge fee(s) indicated below		Charg	e fee(s) ind	dicated below, e	except for the	filing fee
Charge any additional fee(s) or underpa fee(s) under 37 CFR 1.16 and 1.17	yments of	x Credit	any overpa	ayments		
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FE						
FILING FEES Small Entity	SEAF	RCH FEES Small Entity	EXAMIN	NATION FEES Small Entity	i	
Application Type Fee (\$) Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pai	d (\$)
Utility 300 150	500	250	200	100		
Design 200 100	100	50	130	65		
Plant 200 100	300	150	160	80		
Reissue 300 150	500	250	600	300		
Provisional 200 100	0	0	0	0		
2. EXCESS CLAIM FEES						nall Entity
Fee Description						Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)					50 200	25 100
Multiple dependent claims					360	180
	Fee Pa	id (¢)	RA.	ultiple Depend		180
Total Claims	0.0				Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.			<u></u>	<del>, 0 (                                  </del>	i cc i ala juj	
Indep. Claims Extra Claims Fee (\$)	Fee Pa	id (\$)				
6 -6= 0 × ·200.00 =	0.0					
HP = highest number of independent claims paid for, if greater th	an 3.	_				
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets listings under 37 CFR 1.52(e)), the application si sheets or fraction thereof. See 35 U.S.C. 41(a)(1)	ze fee due	is \$250 (\$125 f				
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number</u> - 100 = /50		ditional 50 or fractional up to a who			<u>Fee Pa</u>	id (\$)
4. OTHER FEE(S)					Fees Pa	aid (\$)
Non-English Specification, \$130 fee (no small en	ntity discou	int)			000	
Other (e.g., late filing surcharge): 1252 Extension 1801 Reques	on for resp t for contin	onse within o nued examina	ne addition tion (RCE	onal month (see 37	330. 790.	
SUBMITTED BY					*	
Signature   /// // Ø / / _	<u> </u>	egistration No.	47,698	Telephone	(212) 527-	7700
Signature	<u> </u>	Attorney/Agent)	47,030	relephone	(212) 321-	7700